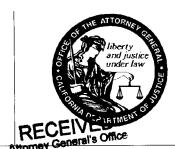
MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$500, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



		Chook if						
State Charity Registration Num	Change of address JUN 1 () 2010							
SACRAMENTO SELF-HELP HOUSING, INC.				Registry Of Charitable Trusts				
PO BOX 188445  Address (Number and Street)				Corporate or C	Organization No.			
SACRAMENTO, CA 958	Federal Employer ID No. 68-0217383							
	EGISTRATION RI Make Check	State ZIP Co ENEWAL FEE SC k Payable to Attor	HEDULE (11 Ca	l. Code Regs. s egistry of Char	ections 301-307, 3 itable Trusts	311 and 312)		
Gross Annual Revenue Fee		Gross Annual Revenue		Fee Gross Annual Reve		evenue		Fee
Less than \$25,000 0  Between \$25,000 and \$100,000 \$25		Between \$100,001 and \$250,000 Between \$250,001 and \$1 million			Between \$10,000,001 and \$50 million \$		\$150 \$225 \$300	
PART A - ACTIVITIES								
For your most recent full				ending _	12/31/09	) list:		
Gross annual revenue	\$1	,360,767.	Total assets	\$	167,589.	_		
PART B - STATEMENT	S REGARDIN	G ORGANIZA	ATION DURIN	G THE PER	IOD OF THIS	REPORT		
Note: If you answer 'yes' to 'yes' response. Pleas	any of the quest	tions below, you	must attach a se	parate sheet pi	oviding an explar	nation and detai	ls for eac	h
				<u> </u>			Yes	s No
During this reporting period organization and any office director or trustee had an	er, director or tru	ustee thereof eith	s, leases or othe er directly or wit	er financial trans h an entity in w		tne cer, STATEMENT	1 - 🛣	
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?								X
3 During this reporting period	od, did non-progr	am expenditures	exceed 50% of	gross revenues	?			X
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.								X
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the SEE STATEMENT 2								$\downarrow $
6 During this reporting peri	od, did the organ mailing address.	ization receive ar contact person, a	ny governmental and telephone ni	funding? If so, umber.	provide an attach SEE	ment listing STATEMENT	r 3 X	ЦС
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.								] [X
8 Does the organization co the program is operated charitable purposes.	nduct a vehicle d by the charity or	onation program? whether the organ	? If 'yes,' provide nization contract	e an attachment s with a comme	t indicating whether ercial fundraiser fo	er or		<u> </u>
Did your organization have principles for this reporting	ve prepared an aung period?	udited financial st	tatement in acco	rdance with ger	nerally accepted a	ccounting	X	
Organization's area code and	telephone numbe	er <u>916 341-</u>	0593					
Organization's e-mail address	JFOLEY@SA	ACSELFHELP.	•ORG					
I declare under penalty of perjand belief, it is true, correct an	ury that I have ex nd complete.	camined this repo	ort, including acc	companying do	cuments, and to t	he best of my k	10wledge	<b>:</b>
Il tal		IN FOLEY		EXECUTIV	E DIRECTOR	6/8/00	ر	
Signature of authorized officer	Printe	d Name	CAVA9801L 08/16/0			170	RRF-	

## **California Statements**

Page 1

Client 401

Sacramento Self-Help Housing, Inc.

68-0217383

6/03/10

Statement 1 Form RRF-1, Part B, line 1 Financial Transactions

During the year, certain members of the board of directors lent \$35,000 to the Organization for the purpose of providing operating cash flow. The loans were non-interest bearing, made at no cost to the Organization, and were repaid in full within one month of origination.

During the year, the Organization leased real property owned by a board member for the purpose of providing housing to chronically homeless individuals. The total rent paid under the lease agreement for the year was \$32,700. The lease term is month-to-month.

Statement 2 Form RRF-1, Part B, Line 5 Fundraisers Used

Robert Erlenbusch Light of Change, Inc. 444 Blue Dolphin Way Sacramento, CA 95831 916-889-4367

## Statement 3 Form RRF-1, Part B, Line 6 Government Agency That Provided Funding

Sacramento Housing and Redevelopment Agency 801 12th Street, 4th Floor Sacramento, CA 95814 916.444.9210

County of Sacramento 2433 Marconi Avenue Sacramento, CA 95821 916.875.0940

City of Citrus Heights 6237 Fountain Square Drive Citrus Heights, CA 95621 916.725.2448

City of Elk Grove 8401 Laguna Palms Way Elk Grove, CA 95858 916.683.7111

City of Rancho Cordova 2729 Prospect Park Drive Rancho Cordova, CA 95670 916.851.8700